

(Type or Print in Black Ink)

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NAME: Last First Middle			Position Desired Separate Applications are Required for Each Position		CITY OF LINCOLN Parks & Recreation Department Equal Opportunity/Affirmative Action Employer Application for Employment For Seasonal & Temporary 2740 A St. Lincoln, NE 68508
ADDRESS: Number & Street City State Zip			Title Req. No.		
Home Telephone Number	Work/Message Telephone No.	If under 18, state age:	EDUCATION: High School _____ Grade Completed: _____ Or equivalent GED _____ College/University _____ Degree _____ Years Completed _____		
Social Security Number (Used for computer retrieval only.) _ _ _ _ _		If requirement of job: Drivers License # _____ Expires _____			

What special qualifications, including licenses, certificates, etc., qualify you for the desired position?

What equipment can you operate? (If applicable)

Have you ever been convicted of any violation of law other than a minor traffic violation?* ☐ Yes ☐ No

*All convictions for any law violation (i.e., DUI, shoplifting, minor in possession, reckless driving, etc.) other than a minor traffic violation (i.e., parking ticket, speeding ticket), including convictions that have been "*set aside*", "*probationed*" or "*pardoned*", must be listed on the application form or on an attached sheet. Consideration is given to the offense and its relationship to the position for which you are applying.

If yes, explain. _____

Do any of your relatives work in a supervisory position for:
City of Lincoln: ☐ Yes ☐ No If yes, give name/s & departments: _____

Have you ever worked for: City of Lincoln: ☐ Yes ☐ No
If yes, give date/s & departments: _____

Are you legally eligible to work in the United States? ☐ Yes ☐ No

PREVIOUS EMPLOYMENT(including summer employment): Begin with most recent employment (additional sheets available)

JOB # 1	Present or Last Employer or Company			Job Title		Are you able to work flexible hours weekends or holidays? Y N				
	Address			Name of Supervisor and Phone Number		If no, explain: _____				
	City State Zip		Date Started: Mo. Yr.		Date Left: Mo. Yr.					
	Number of Hours Worked per Week: Hrs.	Pay at Start: \$ per	Pay at End: \$ per	Total Time Employed: Yrs. Mos.		JOB # 3 Employer or Company				
What were your duties?						Address		Job Title		
Reason for leaving						City State Zip		Name of Supervisor and Phone Number		
JOB # 2	Employer or Company			Job Title		Number of Hours Worked per Week: Hrs.		Pay at Start: \$ per	Pay at End: \$ per	Total Time Employed: Yrs. Mos.
	Address			Name of Supervisor and Phone Number		What were your duties?				
	City State Zip		Date Started: Mo. Yr.		Date Left: Mo. Yr.		Reason for leaving			
	Number of Hours Worked per Week: Hrs.	Pay at Start: \$ per	Pay at End: \$ per	Total Time Employed: Yrs. Mos.		REFERENCES: Please list two references (other than relatives) who have known you long enough to supply information about you.				
What were your duties?						Name Address Phone				
Reason for leaving						Name Address Phone				

Please Read Before Signing

EQUAL OPPORTUNITY EMPLOYER

The City of Lincoln is an Equal Opportunity Employer and, therefore, does not discriminate because of race, color, religion, sex, disability, national origin, ancestry, age, marital status or veteran's status and any other legally protected status.

Note: The City of Lincoln does not discriminate on the basis of disability status in the admission or access to programs or activities, or treatment or employment in programs or activities. The following person has been designated to coordinate compliance with the non-discrimination requirements in §51.55 of the revenue sharing regulations:

City of Lincoln: Affirmative Action Officer
 440 So. 8th Street, Room 101
 Lincoln, NE 68508

This agency receives federal grants from the National Park Service. U.S. Department of the Interior regulations prohibit federally assisted programs from discriminating on the basis of race, color, national origin, age, sex or disability. If you believe you have been discriminated against in any program, activity or facility of this agency, contact the Affirmative Action Officer, City of Lincoln, 440 S. 8th St., Room 101, Lincoln, NE 68508; or the Director, Equal Opportunity Program, National Park Service, P.O. Box 37127, Washington, D.C. 20013-7127

APPLICANT STATEMENT

I understand that:

- Any material omissions and/or false information I record on the application will be sufficient reason for rejection of this application or termination of my employment. In addition, I authorize and request now or in the future each and every former employer, school, individual, agency, organization or law enforcement agency to answer any and all questions that may be asked and herewith hold such persons harmless for giving any information within their knowledge or record.
- As a **CONDITION OF EMPLOYMENT**, I agree to submit documents relating to my identity and employment authorization within prescribed time limits in accordance with the Immigration Reform and Control Act of 1986.
- All City employees, regardless of status, are subject to Reasonable Suspicion, Return to Duty, and unannounced Follow-Up Drug and Alcohol testing. Employees who test positive are subject to discipline up to and including termination.
- Age information is needed because the City of Lincoln, in accordance with federal and local statutes, under certain circumstances, is required to follow minimum age limitations with regard to hiring.
- All City employees are required to be included under a faithful performance bond, and therefore, must meet the established criteria for coverage on file in the Personnel Department.
- If hired, probationary, temporary and unclassified employees have no rights to regular or status employment or appeal rights, if terminated.

Separate applications are required for each vacant position, including those with the same title. Photocopies of the job application are permitted.

OFFICIAL OATH: If hired I solemnly swear or affirm that I will support the Constitution of the United States and the Constitution of the State of Nebraska, and that I will faithfully and impartially discharge the duties of the position according to law and to the best of my ability.

This application **must be signed and dated** for consideration of employment. **This form is for application purposes only and is not a contract for employment.**

I have read and comprehend the Equal Opportunity and Affirmative Action information provided to me by the City of Lincoln: **(check one)**

☐ Yes ☐ No

X Signature _____ Date _____

ADA Interviewing Requirements

Instructions to the Applicant

In accordance with Americans with Disabilities Act, it is necessary that you read the position description which contains the “essential” job functions of the position for which you have applied. After reading the “essential” job functions, please complete the following information to indicate whether or not you can perform the “essential” functions and whether or not you would need any accommodations to perform these functions.

I have read the position description for: _____

(Check One)

_____ **I can perform the “essential” job functions of the position without accommodation.**

_____ **In order for me to perform the “essential” job functions of the position, I would need the following reasonable accommodations.**

_____ **I cannot perform the “essential” job functions with or without reasonable accommodations.**

Date: _____ **Signature:** _____

Type or print your full name

Instructions to the Interviewing Official

The applicant who has been offered the position must review the current position description which lists the essential functions of the position. The applicant needs to complete the form - indicating if any reasonable accommodations are needed to fulfill the “essential” job functions.

This original form should be attached to the Personnel Action form and forwarded to the Personnel Department. A copy of this form may be retained for your own department’s personnel files.

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CONFIDENTIAL POST EMPLOYMENT INFORMATION

Print Name

(Last)

(First)

(M.)

Phone
()

Date of Birth

Permanent Address for W-2

ZIP

(Circle One)

(Circle One)

Marital Status

M

S

Gender

M

F

(Circle One)

*** Of which racial/ethnic group do you consider yourself a member?**

1. American Indian
2. Black
3. Asian or Pacific Islander
4. Hispanic
5. White

(Circle One)

*** Do you have a disability which substantially limits major activity?**

- | | |
|---------------------------------|---------------------|
| 1. No | 5. Yes- Epilepsy |
| 2. Yes- Blind/Visually Impaired | 6. Yes- Paralysis |
| 3. Yes- Deaf/Hearing Impaired | 7. Yes- Cardiac |
| 4. Yes- Amputee | 8. Yes- Other _____ |

If yes, do you require accommodation? ___ Yes ___ No

If yes, describe accommodation: _____

Census data information/Used for equal employment opportunity

Person to contact in case of emergency:

Name: _____ **Phone:** _____

Address: _____ **Relationship:** _____

X Employee's Signature _____ **Date:** _____

***FOR OFFICIAL USE ONLY ☒☒☒ DO NOT ENTER BELOW THIS LINE ☒☒☒**

SS# _____ **Effective:** _____ **Hrs.:** _____ **Rate** _____ **B.U.#** _____

Title _____ **Location** _____ **Appointment** **R** **N**

Last Day Worked: _____

Separation:

Resignation Dismissal Deceased

Other _____

Rehire ___ Yes ___ No

Reason: _____

Effect Date : _____

Change Rate/Class

New Rate/Class

Reason: _____

Effect Date : _____

Change Rate/Class

New Rate/Class

Reason: _____

Entered By: _____ Date: _____ Approved By: _____

Change _____ Date: _____ Approved By: _____

Change _____ Date: _____ Approved By: _____

Separation _____ Date: _____ Approved By: _____